



## BOARD FOR GEOLOGISTS AND GEOPHYSICISTS

2535 CAPITOL OAKS DRIVE, SUITE 300A, SACRAMENTO, CA 95833-2926

TELEPHONE: (916) 263-2113

FAX: (916) 263-2099

E-mail: geology@dca.ca.gov

Website: www.dca.ca.gov/geology



# APPLICATION FOR EXAMINATION AND LICENSURE AS A REGISTERED GEOLOGIST

APPLICATION INSTRUCTIONS ARE ATTACHED

*THIS FORM MAY BE REPRODUCED*

FOR OFFICE USE ONLY

Received \_\_\_\_\_

Receipt No. \_\_\_\_\_

**CHECK ONE**

APPLICATION FEE EXAM FEE TOTAL DUE

<input type="checkbox"/> ASBOG FUNDAMENTALS AND PRACTICE <u>AND</u> CA SPECIFIC EXAMINATIONS	<b>\$250.00</b>	<b>\$275.00</b>	<b>\$525.00</b>
<input type="checkbox"/> ASBOG FUNDAMENTALS <u>AND</u> CA SPECIFIC EXAMINATIONS	<b>\$250.00</b>	<b>\$125.00</b>	<b>\$375.00</b>
<input type="checkbox"/> ASBOG PRACTICE <u>AND</u> CA SPECIFIC EXAMINATIONS	<b>\$250.00</b>	<b>\$150.00</b>	<b>\$400.00</b>
<input type="checkbox"/> ASBOG FUNDAMENTALS AND PRACTICE EXAMINATIONS	<b>\$250.00</b>	<b>\$275.00</b>	<b>\$525.00</b>
<input type="checkbox"/> ASBOG FUNDAMENTALS EXAMINATION	<b>\$250.00</b>	<b>\$125.00</b>	<b>\$375.00</b>
<input type="checkbox"/> ASBOG PRACTICE EXAMINATION	<b>\$250.00</b>	<b>\$150.00</b>	<b>\$400.00</b>
<input type="checkbox"/> CA SPECIFIC EXAMINATION	<b>\$250.00</b>	<b>\$100.00</b>	<b>\$350.00</b>

**REMIT FEES BY CHECK OR MONEY ORDER ONLY*****THIS APPLICATION MUST BE TYPEWRITTEN AND SIGNED*****1. What parts of the ASBOG examination have you passed?: (Check those that apply.)**
☐ FUNDAMENTALS OF GEOLOGY
                         
 ☐ PRACTICE OF GEOLOGY
*List date(s) passed.*

## PERSONAL INFORMATION

<b>2. NAME</b> <b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
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<b>3. ADDRESS</b> <b>STREET/P.O. BOX</b>	<b>CITY</b>	<b>STATE</b>	<b>COUNTRY</b>	<b>ZIP CODE</b>
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<b>4. MAILING ADDRESS</b> <b>STREET/P.O. BOX</b> (IF DIFFERENT)	<b>CITY</b>	<b>STATE</b>	<b>COUNTRY</b>	<b>ZIP CODE</b>
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<b>5. BUSINESS TELEPHONE NO.:</b>	<b>6. HOME TELEPHONE NO.:</b>
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<b>7. Are you licensed in another state or country?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
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<b>If YES:</b>	<b>STATE or COUNTRY</b>	<b>LICENSE NUMBER</b>	<b>HOW OBTAINED</b>
	_____	_____	_____

<b>8. Have you previously filed an application for licensure as a Registered Geologist in California?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<i>If YES, list filing dates.</i>				

<b>9. Have you ever been convicted of a crime or entered a plea of nolo contendere? (Convictions dismissed under section 1203.4 of the Penal Code must be disclosed. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed.)</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<i>If YES, explain fully using section 12 or a separate sheet.</i>				

<b>10. Have you or any partnership or corporation that you are a member or officer of ever had registration denied, suspended or revoked in any state for a reason other than lack of qualification or failure of examination?</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
<i>If YES, explain fully using section 12 or a separate sheet</i>				

## EDUCATION

11. NAME OF INSTITUTION LOCATION DATES OF ATTENDANCE DEGREE EARNED

_____	_____	_____	_____
_____	_____	_____	_____

## REMARKS

12. Use this section for replies to questions 9 and 10 if necessary.

## EXPERIENCE

List experience in inverse chronological order. When summarizing experience, provide sufficient detail to explain the degree of your responsibility and the nature of the geologic or geophysical decisions you are/were required to make. Use additional sheets as necessary. ***A SUPERVISOR REFERENCE FORM and A COPY OF THE COMPLETED APPLICATION must be sent to each supervisory reference verifying qualifying experience***

Date of Engagement

FROM TO

Name and Address of Organization

Supervisor

## SUMMARY OF ENGAGEMENT

<b>Date of Engagement</b> FROM      TO	<b>Name and Address of Organization</b>	<b>Supervisor</b>
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<b>SUMMARY OF ENGAGEMENT</b>		
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<b>Date of Engagement</b> FROM      TO	<b>Name and Address of Organization</b>	<b>Supervisor</b>
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<b>SUMMARY OF ENGAGEMENT</b>		
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<b>Date of Engagement</b> FROM      TO	<b>Name and Address of Organization</b>	<b>Supervisor</b>
<b>SUMMARY OF ENGAGEMENT</b>		

The information you provide on this application is maintained by the Executive Officer of the Board for Geologists and Geophysicists (Board), Department of Consumer Affairs (DCA), 2535 Capitol Oaks Drive, Suite 300A, Sacramento, CA 95833, (916) 263-2113. The information is requested pursuant to Business and Professions Code sections 7841 and/or California Code of Regulations, Title 16, section 3021. It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete. (Title 16, California Code of Regulations sections 3024 and 3028.)

Your application and supporting documentation becomes the property of the Board and will be used by authorized personnel to determine your eligibility for a license or certification. Information on your application may be transferred to other governmental or law enforcement agencies. Pursuant to the California Public Records Act (Government Code section 6250 et seq.) and the Information Practices Act (Civil Code section 1798.61), the names and addresses of persons possessing a license may be disclosed by DCA and the Board unless otherwise specifically exempt from disclosure under the law. ***Consequently, the personal name and address information entered on the attached form(s) may become public information subject to disclosure.***

You have the right to review the records maintained on you by DCA or the Board unless the records are exempt by section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board at the above address.

I declare under penalty of perjury under the laws of the State of California that the information on this application, or any appended sheets, is true and correct.

<b>Signature</b>	<b>Date</b>
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10/01